

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

**Section 1
Carrier Identification Information**

Parent Company Name
CenturyTel, Inc.

Service Provider Name
CenturyTel of Odon, Inc.

Company Address, City, State, Zip
**P.O. Box 4065
Monroe, LA 71211-4065**

Service Provider Type Wireless Wireline
Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Deborah Sommers

Contact Tel #
318-340-5757

Fax #
318-388-9602

E-mail Address
Deborah.sommers@centurytel.com

**Section 2
Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

**Martin County, Indiana
Greene County, Indiana**

For each area listed above, identify the emergency response point to which 911 calls are now being routed.

Martin County Sheriff Department
Greene County Sheriff Department

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 19, 2002.

Signature **Submitted electronically by Deborah Sommers**

Printed name of authorized representative **Deborah Sommers**

Title **Analyst II, Government Relations Department**

Date **September 19, 2002**

This filing is: ☒ original filing ☐ revised filing

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